



SALES TAX RETURN

City of Gunnison
P.O. Box 239
Gunnison CO 81230
970-641-8070

DUE DATE: Return, with the remittance, must be filed with the City of Gunnison Finance Department **on or before the 20th** of the month following the sale. Make checks payable to CITY OF GUNNISON.

Taxpayer's Name and Address: _____

License #: _____

Period Covered: _____

Computation of Tax:

1. Gross Sales.....
2. Add: Bad Debts Collected
3. *Total Lines 1 & 2*
4. Exempt Sales
- a. Non-taxable service sales
- b. Sales to other licensed dealers for purposes of taxable resale
- c. Sales shipped out of City
- d. Sales to government, religious, and charitable organizations
- e. Sales of gasoline and cigarettes
- f. Bad debts charged off (on which City tax has been paid)
- g. Returned goods
- h. Discounts/rentals on which tax has been paid
- i. Trade-ins for taxable resale
- j. Sales of drugs by prescription & prosthetic devices
- Total Deductions Lines 4 a through j*.....
5. Total City Net Taxable Sales & Service
(Line 3 total minus line 4 total).....
6. Amount of City Sales Tax: **4%** of Line 5
7. Add excess tax collected
8. Adjusted City Tax (Add lines 6 & 7)
9. Deduct 5% of Line 8 (Vendors fee if paid by due date).....
10. Total Sales Tax (Line 8 minus line 9)
11. City Use Tax (From schedule B) amount subject to tax X4%
12. Total Tax Due (Add lines 10 & 11).....
13. Penalty (Multiply line 12 by 10% if paid after due date)
14. Interest (Multiply line 12 by 1% per month if paid after due date).....
15. **Total amount due** (Add lines 12, 13, & 14)

I hereby certify under penalty of perjury, that the statements made herein are to the best of my knowledge, true and correct.

Signature _____

Title _____

Date _____

Schedule B City Use Tax

The Gunnison City Code imposes a tax upon the privilege of using, storing, distributing or otherwise consuming in the City tangible property or taxable services purchased, rented or leased.

Date of Purchase	Name of Vendor	Type of Commodity Purchased	Purchase Price

Total purchase price of property subject to city use tax. Enter total here and on front of form line #11.

\$

1. If ownership has changed, give date of change and new owner's name.
2. If business has been discontinued, give date.
3. If business location has changed, give new address.
4. Records are kept at what address?
5. If business is temporarily closed, give dates to be closed.
6. If business is seasonal, give months of operation.